

# Appendix III

## Questionnaires and flashcards

OMB No 0920 0214 Approval Expires March 31, 1991

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 25 average minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA, Humphrey Building, Room 721 H, 200 Independence Avenue, SW, Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503.

FORM **HIS-1 (1990)**  
16-23-89

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW SURVEY**

1. Book \_\_\_ of \_\_\_ books  
2. R.O. number  
3. Sample

4. Segment type  
 Area  Permit  Block  
5. Control number  
PSU Segment Serial

**6a. What is your exact address?** (Include House No., Apt. No., or other identification, county and ZIP Code)

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

**b. Is this your mailing address?** (Mark box or specify if different. Include county and ZIP Code.)  Same as 6a

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

**c. Special place name** \_\_\_\_\_ **Sample unit number** \_\_\_\_\_ **Type code** \_\_\_\_\_

**7. YEAR BUILT**  
 Ask  
 Do not ask  
**When was this structure originally built?**  
 Before 4-1-80 (Continue interview)  
 After 4-1-80 (Complete item 8c when required; end interview)

**8. COVERAGE QUESTIONS**  
 Ask items that are marked  
 Do not ask

**a. Are there any occupied or vacant living quarters besides your own in this building?**  Yes (Fill Table X)  No

**b. Are there any occupied or vacant living quarters besides your own on this floor?**  Yes (Fill Table X)  No

**c. Is there any other building on this property for people to live in, either occupied or vacant?**  Yes (Fill Table X)  No

**9a. LAND USE**  
1  URBAN (10)  
2  RURAL  
- Reg. units and SP, PL units coded 85-88 in 6c - Ask item 9b  
- SP, PL units not coded 85-88 in 6c - Mark "No" in item 9b without asking

**b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?**  
1  Yes } (10)  
2  No }

**10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation**

**a. LOCATION of unit**  
Unit is:  
 In a Special Place - Refer to Table A in Part C of manual, then complete 10c or d  
 NOT in a Special Place (10b)

**b. Access**  
 Direct (10c)  
 Through another unit - Not a separate HU; combine with unit through which access is gained (Apply merged unit procedures if additional living quarters space was listed separately)

**c. HOUSING unit (Mark one, THEN page 2)**  
01  House, apartment, flat  
02  HU in nontransient hotel, motel, etc  
03  HU permanent in transient hotel, motel, etc  
04  HU in rooming house  
05  Mobile home or trailer with no permanent room added  
06  Mobile home or trailer with one or more permanent rooms added  
07  HU not specified above - Describe in footnotes

**d. OTHER unit (Mark one)**  
08  Quarters not HU in rooming or boarding house  
09  Unit not permanent in transient hotel, motel, etc  
10  Unoccupied site for mobile home, trailer, or tent  
11  Student quarters in college dormitory  
12  OTHER unit not specified above - Describe in footnotes

**11. What is the telephone number here?** Area code/number \_\_\_\_\_  
 None

**12. Interview observed?**  
1  Yes 2  No

**13a. Interviewer's name** \_\_\_\_\_ **Code** \_\_\_\_\_

**b. Language of interview**  
1  English 3  Both English and Spanish  
2  Spanish 8  Other

**14. Noninterview reason**

**TYPE A**  
01  Refusal - Describe in footnotes  
02  No one at home, repeated calls  
03  Temporarily absent - Footnote  
04  Other (Specify) \_\_\_\_\_

**TYPE B**  
05  Vacant - nonseasonal  
06  Vacant - seasonal  
07  Occupied entirely by persons with URE  
08  Occupied ent rely by Armed Forces members  
09  Unfit or to be demolished  
10  Under construction, not ready  
11  Converted to temporary business or storage  
12  Unoccupied site for mobile home, trailer, or tent  
13  Permit granted, construction not started  
14  Other (Specify) \_\_\_\_\_

**TYPE C**  
15  Unused line of listing sheet  
16  Demolished  
17  House or trailer moved  
18  Outside segment  
19  Converted to permanent business or storage  
20  Merged  
21  Condemned  
22  Built after April 1, 1980  
23  Other (Specify) \_\_\_\_\_

**15. Record of calls**

Month	Date	Beginning time	Ending time	Completed Mark (X)
1		P a.m.	a.m. p.m.	
2		P a.m.	a.m. p.m.	
3		P a.m.	a.m. p.m.	
4		P a.m.	a.m. p.m.	
5		P a.m.	a.m. p.m.	
6		P a.m.	a.m. p.m.	

**16. List column numbers of persons requiring callbacks, and mark appropriately.**  
 None

Person No	Household Resp	SS No	Sec M-D	Income	Sec P	Sample Person
						Sec Q-Z AIDS

**17. Record of additional contacts**

Month	Date	Beginning time	Ending time	Completed Person No
1		P a.m.	a.m. p.m.	
2		P a.m.	a.m. p.m.	
3		P a.m.	a.m. p.m.	
4		P a.m.	a.m. p.m.	

**GO TO HOUSEHOLD COMPOSITION PAGE**

FORM HS-1 (1989) 6-23-86

<b>E</b>	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit _____	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property _____	LISTING SHEET
			Sheet number _____ Line number _____

**TABLE X -- LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS**

ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES	CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS	
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	Is this a unit in a special place?	Do the occupants (or intended occupants) of (address in column (1)) live and eat separately from all other persons on the property?	Does (address in col. (1)) have direct access from the outside or through a common hall?	N - Not a separate unit - Include on this questionnaire  HU OT Separate unit - Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.	Is this unit within the segment boundaries?	Is this unit within the same structure as the original sample unit?
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	<input type="checkbox"/> Yes - Skip to column (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to column (5) and mark N	<input type="checkbox"/> Yes - Mark HU in column (5)  <input type="checkbox"/> No - Mark N in column (5)	<input type="checkbox"/> N - Stop Table X for this line <input type="checkbox"/> HU - Fill column (6) or (7), as appropriate <input type="checkbox"/> OT - Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit  <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No - Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes - Skip to column (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to column (5) and mark N	<input type="checkbox"/> Yes - Mark HU in column (5)  <input type="checkbox"/> No - Mark N in column (5)	<input type="checkbox"/> N - Stop Table X for this line <input type="checkbox"/> HU - Fill column (6) or (7), as appropriate <input type="checkbox"/> OT - Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit  <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No - Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes - Skip to column (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to column (5) and mark N	<input type="checkbox"/> Yes - Mark HU in column (5)  <input type="checkbox"/> No - Mark N in column (5)	<input type="checkbox"/> N - Stop Table X for this line <input type="checkbox"/> HU - Fill column (6) or (7), as appropriate <input type="checkbox"/> OT - Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit  <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No - Do not interview

**NOTE:** Be sure to continue interview for original unit after completing Table X for all lines.

**FOOTNOTES**

Page 52

FORM **HIS-2 (1990)**  
(3-19-90) (Revised)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW  
SURVEY**

**1990 SUPPLEMENT BOOKLET**

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RT 65  
3-7  
8

1. Book \_\_\_ of  
\_\_\_ books

2. R. O. Number **9-10** 3. Sample **11-13**

4. Control number PSU **14-16** Segment **17-23** Serial **24-25**

5. Beginning time **26-29** **30**  
1  a.m.  
2  p.m.

**6. FINAL STATUS**

<p><b>A. Section M</b> (page 2) (Assistive Devices) <b>31</b></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete (all appropriate questions completed)</p> <p>2 <input type="checkbox"/> Partial (some but not all appropriate questions completed)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in Notes</i> 8 <input type="checkbox"/> Other }</p>	<p><b>B. Section N</b> (page 10) (Hearing) <b>32</b></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete (all appropriate questions completed)</p> <p>2 <input type="checkbox"/> Partial (some but not all appropriate questions completed)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in Notes</i> 8 <input type="checkbox"/> Other }</p>	<p><b>C. Section O</b> (page 12) (Podiatry) <b>33</b></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete (all appropriate questions completed)</p> <p>2 <input type="checkbox"/> Partial (some but not all appropriate questions completed)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in Notes</i> 8 <input type="checkbox"/> Other }</p>	<p><b>D. Section BB</b> (page 20) (Income) <b>34</b></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete (all appropriate questions completed)</p> <p>2 <input type="checkbox"/> Partial (some but not all appropriate questions completed)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in Notes</i> 8 <input type="checkbox"/> Other }</p>
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*Transcribe from HIS-1.*

**7. Telephone in household** (Household page, question 11) **35**

1  Yes, telephone

2  No telephone

3  Telephone, but no number listed or number refused

Area code    Number   -     **36-45**

**8. Family Income** (page 46, question 8b) **46-47**

00 <input type="checkbox"/> <b>A</b>	10 <input type="checkbox"/> <b>K</b>	20 <input type="checkbox"/> <b>U</b>
01 <input type="checkbox"/> <b>B</b>	11 <input type="checkbox"/> <b>L</b>	21 <input type="checkbox"/> <b>V</b>
02 <input type="checkbox"/> <b>C</b>	12 <input type="checkbox"/> <b>M</b>	22 <input type="checkbox"/> <b>W</b>
03 <input type="checkbox"/> <b>D</b>	13 <input type="checkbox"/> <b>N</b>	23 <input type="checkbox"/> <b>X</b>
04 <input type="checkbox"/> <b>E</b>	14 <input type="checkbox"/> <b>O</b>	24 <input type="checkbox"/> <b>Y</b>
05 <input type="checkbox"/> <b>F</b>	15 <input type="checkbox"/> <b>P</b>	25 <input type="checkbox"/> <b>Z</b>
06 <input type="checkbox"/> <b>G</b>	16 <input type="checkbox"/> <b>Q</b>	26 <input type="checkbox"/> <b>ZZ</b>
07 <input type="checkbox"/> <b>H</b>	17 <input type="checkbox"/> <b>R</b>	(Transcribe from 8a if 8b blank)
08 <input type="checkbox"/> <b>I</b>	18 <input type="checkbox"/> <b>S</b>	27 <input type="checkbox"/> \$20,000 or more
09 <input type="checkbox"/> <b>J</b>	19 <input type="checkbox"/> <b>T</b>	28 <input type="checkbox"/> Less than \$20,000

**9. Ending time** 1  a.m. **48-51** **52** 2  p.m.

**10. Interviewer Name** Code **53-54**

**11. Families in household** **55**

1  First or only family 4  Fourth family  
2  Second family 5  Fifth family  
3  Third family

Notes

FORM **HIS-3 (1990)**  
(8-15-89)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW SURVEY**  
**1990 CAPI SUPPLEMENT**

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1. Interviewer ID RT 76  
3-5 2. R.O. number 6-7 3. Sample 8-10

4. Control number  
PSU 11-13 Segment 14-20 Serial 21-22 5. HIS-1 interview date 23-30

**ADULT FAMILY ROSTER**

6. Are there any nondeleted persons 18+ years old in this family?  Yes (List by age, oldest to youngest)  No

Row	Last name <span style="border: 1px solid black; padding: 2px;">RT 76 3-14</span>	First name <span style="border: 1px solid black; padding: 2px;">15-24</span>	Sex <span style="border: 1px solid black; padding: 2px;">25</span>	Age <span style="border: 1px solid black; padding: 2px;">26-27</span>	Person No. <span style="border: 1px solid black; padding: 2px;">28-29</span>
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		

Refer to the sample person selection label and circle as applicable. THEN circle Row Number in item 6 and mark the "SP" box on the HIS-1 for the selected sample person.

**CHILD FAMILY ROSTER**

7. Are there any nondeleted persons under 18 years old in this family?  Yes (List by age, oldest to youngest)  No

Last name <span style="border: 1px solid black; padding: 2px;">RT 76 3-14</span>	First name <span style="border: 1px solid black; padding: 2px;">15-24</span>	Sex <span style="border: 1px solid black; padding: 2px;">25</span>	Age <span style="border: 1px solid black; padding: 2px;">26-27</span>	Person No. <span style="border: 1px solid black; padding: 2px;">28-29</span>
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		

8. Response status

No person 18+

<p><b>Section P (Pregnancy and Smoking)</b> <span style="border: 1px solid black; padding: 2px;">RT 96 3</span></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview or section not required</p> <p>2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } Explain in notes</p> <p>8 <input type="checkbox"/> Other }</p>	<p><b>Section Q-Z (HPDP)</b> <span style="border: 1px solid black; padding: 2px;">4</span></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview</p> <p>2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p><b>Section AA (AIDS)</b> <span style="border: 1px solid black; padding: 2px;">5</span></p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview</p> <p>2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>
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9. Interviewer name

**Complete transcription items on back page**

